



# The American Association of Immunologists Career Reentry Fellowship Application Instructions Deadline: September 3, 2019

## **Application Assembly**

The application should be assembled in the following order:

1. Trainee Information Page
2. Trainee Statement
3. Research History
4. Research Plan
5. Funding Confirmation Form
6. Trainee CV or Biosketch
7. PI Biosketch (NIH format)
8. Two letters of recommendation from a laboratory supervisor or mentor, graduate school advisor, or thesis committee member
9. A tentative written offer of appointment as a postdoctoral fellow

## **Applicant Information Section**

1. Fill in each field with complete information. All fields must be completed, and both the trainee and PI must sign in the indicated fields.
2. For the "Total Funding in U.S. Dollars" field, the PI should fill in the total amount of funding calculated from the completed Funding Confirmation Form (page 8). See instructions for filling out this form (page 7).
3. Fill in each field with complete information. All fields must be completed.
4. "Degree Date" field: fill in the date the Ph.D. degree was conferred.

## **Trainee Statement Section**

1. Please type your Trainee Statement, Research History, and Research Plan, in the fields provided in the application.
2. The Trainee Statement should outline the circumstances for which the applicant took a leave of absence. These reasons may include recovering from a serious illness; caring for an immediate family member (spouse, child, or parent) with a serious illness or injury; providing elder or child care; fulfilling a military obligation; or relocating due to a spousal career transition. This statement should be no longer than 1 page.
3. The Trainee Statement should detail the trainee's motivation for choosing a career in science, his/her most significant accomplishments, and his/her career aspirations.
4. The Trainee Statement should also describe how receiving the award will help the trainee's career.

## **Research Section**

1. The Research History and Research Plan should be no longer than 1 page each, and should follow the same formatting requirements as point 1 in the **Trainee Statement Section** above.
2. The Research History should contain a brief description of the trainee's past research experience in immunology or a related field.
3. The Research Plan should contain a short summary of the overarching goals of the trainee's research for the postdoctoral fellowship. This fellowship should be focused on research in immunology or related research.
4. The Research Plan cannot contain figures, and additional pages with figures may not be attached.

## **Letters of Recommendation**

1. The letters of recommendation from a laboratory supervisor or mentor, graduate school advisor, or thesis committee member should speak to the applicant's academic performance, work experience, laboratory skills, personal qualities, and/or circumstances for the career hiatus.

### **Written Offer of Appointment**

1. Please attach the mentor's tentative written offer of the applicant's appointment as a postdoctoral fellow.
2. You may include a brief research statement from the mentor describing the fellowship project.

### **Submission**

Please delete the Application Instructions and Funding Confirmation Form Instructions pages prior to submitting your application. All documents should be uploaded as a single combined PDF file, and send to [fellowships@aai.org](mailto:fellowships@aai.org). Please be aware that the single, combined PDF must be no larger than 20MB. Packages that are not complete will not be considered.

For questions about program eligibility or the application, please contact [fellowships@aai.org](mailto:fellowships@aai.org).

**Applications will be accepted beginning June 3, 2019. Complete application packages must be received by 11:59 PM E.T. on September 3, 2019. Incomplete application packages or applications that do not comply with the stated instructions will not be considered. AAI will not accept materials sent separately or through regular mail. Final award decisions are made at the discretion of AAI.**



# The American Association of Immunologists Funding Confirmation Form Instructions

The Funding Confirmation Form (FCF) is intended to provide AAI with accurate documentation of your research funding portfolio for the indicated fiscal year. This information is used to determine your financial eligibility for several AAI programs. Please review the following instructions before you fill out the FCF to ensure that you provide correct and complete funding information. **Any application submitted with an incomplete FCF will not be considered for award.**

A filled-in sample of the “**Research Support**” portion of the FCF has been provided below for your reference:

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-PI)	Direct costs for 1/1/19-12/31/19 (in U.S. \$)
<i>Ex 1:</i> R01 AI160-09	NIAID/NIH	9/5/18-8/31/42	PI	\$93,108
<i>Ex 2:</i> 156478913	NSF	2/5/16-5/8/19	Co-PI	\$8,034
<i>Ex 3:</i> 14PAI16114	Amer. Heart Assoc.	No-cost ext.	PI	\$42,548
<i>Ex 4:</i> Start-up Funds	University of XYZ	Unlimited	PI	\$82,548
<i>Ex 5:</i> 14SIC184	McIver’s Cancer Trust	8/1/17-7/31/20	PI	\$0 (PI salary only)
<i>Ex 6:</i> Careers in Immunol Fellowship	AAI	9/1/18-8/31/19	Fellow	\$19,100
<b>Total</b>				<b>\$245,338</b>

## Instructions:

- Under “Grant type/number,” please list the names or numbers of all mechanisms of support individually, including federal, state or private grants; departmental support; start-up funds; and other support. You must also list grants on which you are a co-investigator and grants that are under no-cost extension. Please list both funding mechanisms that have allocations for direct costs (see *Ex 1-4, 6* in the above sample) and those that do not provide money for direct costs (see *Ex 5* in the above sample).
- Under “Funding organization,” write the name of the funding body that provided you with each funding mechanism. The names of well-known organizations, including government institutions and large non-profits may be abbreviated (see *Ex 1-3*), but please write out the names of less well-known funding bodies (see *Ex 5*).
- Under “Funding period,” please write the total duration of the award from the start date to the end date using the format MM/DD/YY–MM/DD/YY (see *Ex 1-6*).
- Under “Role,” please indicate your designated title for each funding mechanism. Common roles include PI, co-PI, mentor, coordinator, or adviser.
- Under “Direct costs for 1/1/19-12/31/19” please indicate the amount of money allocated for direct costs from each funding mechanism in 2019, beginning 1/1/19 and ending 12/31/19. Please list all grants for 1/1/19-12/31/19, even if “0” dollars in funding remain.
  - For grants operating under no-cost extension, please specify the amount of funds remaining.
  - For grants on which you are a co-PI, please indicate only the amount of funds that are allocated for your specific research use. Do not provide the total amount of funds allocated to the group.
  - Please exclude funds dedicated to PI salary** (see *Ex 5*) for each funding mechanism listed.
  - Grants which provide salary support for laboratory personnel, including AAI Careers in Immunology Fellowships (see *Ex 6*), should be included.
- The FCF form must be signed by the department chair or dean to certify that the applicant’s funding status is accurate. If you are the department chair or dean, you must have your supervisor sign the form.



# The American Association of Immunologists Career Reentry Fellowship Application

(This form must be completed in its entirety, signed,  
and submitted with other requested materials.)

*Please type responses.*

TRAINEE INFORMATION										
Last Name		First Name or Initial		Middle Name or Initial		Title/Position				
Institution				Department						
Street Address										
City			State		Country					
Zip Code		Phone		Fax		Email				
AAI Member ID (if applicable)			Degree Date							
Signature							Date			

PI INFORMATION										
Last Name		First Name or Initial		Middle Name or Initial		Title/Position				
Institution				Department						
Street Address										
City			State		Country					
Zip Code		Phone		Fax		Email				
AAI Member ID (if applicable)			Total Funding in U.S. Dollars (from Funding Confirmation Form)							
Signature							Date			

**A. Trainee Statement** (*1 page maximum; see page 1 for formatting requirements*):

**B. Research History** (*1 page maximum; see page 1 for formatting requirements*):

**C. Research Plan** (*1 page maximum; see page 1 for formatting requirements*):



# The American Association of Immunologists Funding Confirmation Form

(This form must be completed in its entirety and signed by the  
Department Chair or Dean.)

*Please type responses.*

AAI Member ID: \_\_\_\_\_

Full Name/Degree: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Research Support:** Please list all mechanisms of support individually including federal, state or private grants; departmental support; start-up funds; and other support (excluding PI salary). **Attach a second sheet if needed.** If a grant is under a no-cost extension, specify the amount of funding which remains. For grants on which you are a co-investigator, list only the funds allocated for your use. If you have no funding, please state “none”.

Information for each column must be filled out completely for each mechanism of research support in order for your application to be considered.

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-I)	Direct costs for 1/1/19-12/31/19 (in U.S. Dollars)
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\_\_\_\_\_

**Total**

### Department Chair/Dean Certification of Applicant’s Funding Status

**I hereby certify that the PI is a faculty member engaged in full-time research and the information provided on this form is correct and complete.**

\_\_\_\_\_  
*Print Name of Department Chair/Dean*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AAI Member Number: \_\_\_\_\_ (If applicable)

Email Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

**Applications missing complete information on research funding support will not be considered.**